

Application for a NEW Center or Hourly Center Child Care License

Note: It may take up to 60 days to process your **completed** application, or 90 days if FBI fingerprint clearances are required. An application is considered complete when **all** required items listed below in C. have been received by the Bureau.

A. IDENTIFYING INFORMATION:

Facility Name: _____ Phone #: (____) _____

Facility Mailing Address: _____

City & Zip Code: _____ Fax #: (____) _____

Facility Street Address: _____

City & Zip Code: _____

Director: _____ Phone: (____) _____

Cell: (____) _____

B. TYPE OF FACILITY AND CAPACITY:

☐ CENTER

Requested Capacity: _____

Requested # of children under 2 years: _____

Approved Capacity: _____ Under 2: _____
(Leave blank – determined by Licensing)

☐ HOURLY CENTER

Requested Capacity: _____

Approved Capacity: _____
(Leave blank – determined by Licensing)

C. DOCUMENTS REQUIRED:

You must include all of the following documents when you submit your application:

- _____ This application form, completely filled out, signed, and dated.
- _____ \$200.00 application fee made payable to: Utah Department of Health.
- _____ \$25.00 license fee plus \$1.50 per child, based on requested capacity.
- _____ Completed CBS/MIS Consent & Release of Liability forms. Please see the enclosed information sheet for background screening and fingerprint requirements.
- _____ Fingerprint card(s) and \$31.00 per person fee for each person who has not continuously resided in Utah for the past 5 years. A separate check or money order is required for fingerprint fees.
- _____ Copy of the center's floor plans, Written Policies, and Emergency & Disaster Plan.
- _____ Copy of current fire clearance. (Contact your local fire authority to obtain this clearance.)
- _____ Copy of current city business license or receipt verifying application. (Contact your city/county to obtain this license.)
- _____ Copy of local health department kitchen inspection. (Contact your local health department to obtain this inspection.)
- _____ Copy of director qualifications credentials. You must provide documentation of the director's credentials as outlined in the child care rules given to you by the Bureau.
- _____ Current Red Cross or equivalent 1st aid & CPR certification for director. CPR certification must include hands-on testing.

D. OWNERSHIP

Complete ownership information is required on all applications. Do not write "On File."

Owner's Name: _____ Phone #: (____) _____

Officer's Name (if the owner is a business/corporation): _____

Full Address: _____

Type of organization (check one box only):

1. ☐ **Individual Owner**

2. ☐ **Corporation:**

On the following page, identify the corporation by name, address, and phone number. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).

3. ☐ **Partnership:**

On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).

4. ☐ **Limited Liability Company:**

On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).

5. ☐ **Other:**

Attach a page describing the ownership arrangement. Identify all owner(s), officer(s), board member(s), etc. by name and title.

List the names, addresses, and telephone number of each addition owner or officer, and each member of the governing board. An owner is anyone who has a 25% or greater interest in the facility.

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Name: _____

Check one: ☐ Owner/Officer ☐ Board Member

Address including Zip Code: _____

Telephone #: (____) _____

Copy and use additional pages if necessary.

E. CRIMINAL IDENTIFICATION SCREENING (CBS/MIS)

Utah Code 26-39-107 requires that each person requesting to be licensed or to renew a license submit to the Department the name and other identifying information, which may include fingerprints, for all of the individuals listed below. This information will be used to screen the individuals for criminal convictions and child abuse/neglect.

Mark below if you have included completed CBS/MIS Consent & Release of Liability form(s) with this application for all existing, new, and proposed:

- _____ **Owners**
- _____ **Director(s)**
- _____ **Members of the Governing Body**
- _____ **Employees**
- _____ **Caregivers**
- _____ **Volunteers** (except parents of children enrolled in the program who do not have unsupervised access to any child in care except their own child)

F. CERTIFICATION OF UNDERSTANDING:

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect the facility, property and premises without a warrant at any time the center is open for care.
2. Review facility documents.
3. Interview caregivers, children, employees, household members and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, or member of a governing body of this facility has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

Signature of Applicant

_____/_____/_____
Date

Mail completed application, fees, and all required application documents to:

Bureau of Child Care Licensing, South Region
150 East Center Street, Suite 3200
Provo, Utah 84606

Phone: (801) 374-7688
Toll Free: 1-800-894-2588
Fax: (801) 371-1186